

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23-2

00497

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester
 City or town Rhodesdale - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Near Brookview
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Rhodesdale - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Brookview
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Harry G. Bell

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Marie E. Bell
 7. Birth date of deceased (mo., day, yr.) March 15, 1876 6.(c) If alive, give age 60 years
 8. AGE: Years 69 Months 9 Days 20 If less than one dayhrs.min.

9. Birthplace Dorchester County, Maryland
 (Town, county, and state)
 10. Usual occupation Farmer
 11. Industry or business Farm
 12. Name Gyus J. Bell
 13. Birthplace Dorchester County, Maryland
 14. Maiden name Linnie M. Watkins
 15. Birthplace Dorchester County, Maryland

16. Informant Mrs. Marie E. Bell
 Address Rhodesdale, Maryland, R.F.D.
 17. Burial Date thereof January 7, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Brookview Cemetery
 Location Rhodesdale, Maryland, R.F.D.
 18. Funeral director J. J. Frampton and Son
 Address Federalburg, Maryland
 19. Jan 7 - 1946 Registrar Charles H. Hutter
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5, 1946 at 8:08 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/24 1945, to Jan 5 1946
 and that I last saw him alive on Jan 4 1946
 Immediate cause of death Cerebral Hemorrhage DURATION 12 days

Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE H. S. Kee Khan M.D. M. D. another
 Address Shampton Ind Date signed 1/7/46

RECEIVED
JAN 14 1946
BUREAU V.E.
124 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00498

Reg. Dist. No. 116

1. PLACE OF DEATH:
 County..... Dorchester
 City or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 19 yrs. 7 mo. 21 dys.
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution? 19 yrs. 7 mo. 21 dys.

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State..... Maryland County..... Kent
 City or town..... Willington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

James Bottomley

3.(b) Social Security Number

4. Sex..... Male 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Single
 6.(b) Name of husband or wife.....
 7. Birth date of deceased (mo., day, yr.)..... Unknown 1881 6.(c) If alive, give age..... years
 8. AGE: Years..... 64 ? Months..... Days..... If less than one day..... hrs. min.

9. Birthplace..... Millington, Maryland
 (Town, county, and state)

10. Usual occupation..... None

11. Industry or business.....

12. Name..... John Bottomley

13. Birthplace..... England

14. Maiden name..... Martha A. Bailey

15. Birthplace..... Delaware

16. Informant..... Hospital Records
 Address..... E.S.S.H., Cambridge, Maryland

17. Burial - Date thereof..... 1/5/46
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or repository..... Hopkinton

Location..... Cambridge, Md

18. Funeral director..... Cambridge, Md

Address.....

19. 1/5/46 46 John Mass Jr
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 5th 19. 46 at 6:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 1, 19. 45 to January 5, 19. 46

and that I last saw him alive on January 5, 19. 46

Immediate cause of death..... Coronary Thrombosis

DURATION

24 hrs.

Due to..... Arteriosclerotic Cardio-vascular disease Unknown

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Robert E. Gardner, M.D.

Robert E. Gardner, M.D. M.D. or Other

Address..... E.S.S.H., Cambridge, Md Date signed..... 1/5/46

RECEIVED
JAN 9 1946
BUREAU V.A.

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

00499

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 45 Years

Hospital, institution, or street address where death occurred:

Leonard's LaneHow long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. Leonard's Lane
(If rural, give LOCATION)2. (a) If veteran, name war -

3. (a) FULL NAME

Cleora Eugenia Cooke

3. (b) Social Security Number

-

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Daniel A. Cooke
(Deceased 3/15/1942)7. Birth date of deceased (mo., day, yr.) Jan. 8, 1857.8. AGE: Years 89 Months - Days 9 If less than one day
.....hrs.min.9. Birthplace Madison, Dor. Co., Maryland.
(Town, county, and state)10. Usual occupation Domestic11. Industry or business Home12. Name Uriah Maguibe13. Birthplace Maryland.14. Maiden name Louisa Banks15. Birthplace Maryland16. Informant Mrs. Ethel BradshawAddress Leonard's, Lane, Cambridge, Md.17. Burial Date thereof Jan. 20, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Cambridge CemeteryLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. Jan. 19 - 46 John Mac Jr. M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17, 1946 at 10:4 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
.....19....., to19.....and that I last saw him alive on19.....

Immediate cause of death..... DURATION

Dissect - Coronary 1 day
Arteriosclerosis

Due to.....

Due to Arterio-sclerosis several
years

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Dr. H. Shriver - Dep. Med. Exam. M. D. or otherAddress Cambridge, Md. Date signed Jan. 18/46

RECEIVED
JAN 23 1914
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 7

CERTIFICATE OF DEATH

Reg. Dist. No. 00500 116

1. PLACE OF DEATH: Dorchester
 County.....
 City or town.....Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....2 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
Maryland State.....Dorchester County.....
 City or town.....Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....219 Henry St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....none

3. (a) FULL NAME Mary Jane Klean

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife William C Klean

7. Birth date of deceased (mo., day, yr.) May 18-1854 6. (c) If alive, give age..... years

8. AGE: Years 91 Months 7 Days 14 If less than one day..... hrs. min.

9. Birthplace Hoopersville
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Matthew Lewis

13. Birthplace loc Co.

14. Maiden name Nancy - unknown

15. Birthplace Baltimore

16. Informant Wm C. Klean Jr.

Address Wingate, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 13-1946
 (month) (day) (year)

Cemetery or crematory Green Mt. Cemetery

Location Edinville, Md.

18. Funeral director Kenneth R. Thomas

Address Cambridge, Md.

19. 1/1/21 19 46 John Mace Jr. M.D.
 (To be filled by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 19 46 at 1:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 12 19 45 to June 11 19 46

and that I last saw her alive on June 11 19 46

Immediate cause of death Intest. ulcers

DURATION 6 months

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE P. H. Tawes

M. D. or other

Address Cambridge, Md. Date signed 12/12/46

RECEIVED
JAN 16 1946
BUREAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

CERTIFICATE OF DEATH

★00501
Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 Years
Hospital, institution, or street address where death occurred:
Cambridge Maryland Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 115 Choptank Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME

Anna LeCompte Fountain

3.(b) Social Security Number

-

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Charles E. Fountain 6.(c) If alive, give age 79 years
7. Birth date of deceased (mo., day, yr.) May 18, 1868.
8. AGE: Years 77 Months 8 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace Salem, Dor. Co., Maryland.
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Home

12. Name Francis A. LeCompte

13. Birthplace Maryland.

14. Maiden name Eveleene Foxwell

15. Birthplace Maryland.

16. Informant Mr. C. E. Fountain

Address Cambridge, Maryland

17. Burial Date thereof JAN 30 1946.
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. Jan 30 1946 John Macay Jr. MD
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28 1946 at 12:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JAN 21 1946 to JAN 28 1946 and that I last saw HER alive on JAN 27 1946

Immediate cause of death METASTATIC ADENOCARCINOMA (BREAST) TO LUNGS AND BRAIN.

Due to _____

Due to _____

Other conditions INFLUENZAL PNEUMONIA RT.
(Include pregnancy within 3 months of death)

Major findings of operations NO
Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE J. J. Banks M. D. or other
Address Cambridge Md Date signed 1/29/46

MARGIN RESERVED FOR BINDING

VS A15-9.45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HANKS.

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FEB 1 1946

BUREAU V. P.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 473

CERTIFICATE OF DEATH

00502

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DORCHESTERCity or town CAMBRIDGE
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

CAMBRIDGE MD. HOSPITAL

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County DORCHESTERCity or town CAMBRIDGE
(If outside city or town limits, write RURAL and give nearest town)Street No. 223 CEDAR ST.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

LARRY GILCRIST (DAVID GILCHRIST)

3. (b) Social Security Number

21907-7418

4. Sex

Male

5. Color of face

Colored

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Arndagil Christ6. (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.)

Jan 2 - 1903

8. AGE:

Years 43 Months 10 Days 10 If less than one day
..... hrs. min.

9. Birthplace

Federal M. C.
(Town, county, and state)

10. Usual occupation

Labor

11. Industry or business

no business

MOTHER FATHER

12. Name

Adam Gilchrist

13. Birthplace

Federal N. C.

14. Maiden name

Bell Johnson

15. Birthplace

Federal N. C.

16. Informant

Arthur Gray

Address

223 Cedar Street

17.

(Burial, cremation, or removal. Which?)

Burial Date thereof Jan. 20 1946
(month) (day) (year)

Cemetery or crematory

St. John's Cemetery

Location

Eastfield Crest View, Fla.

18. Funeral director

Lewis H. Barnum

Address

201 Washington Street

19.

(Date rec'd by registrar)

Jan 15 - 46 John Mace Jr. MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

January 11 46 at 12³⁵ A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12-11-46 to 1-11-46and that I last saw him alive on 1-10-46

Immediate cause of death

Cancer of lung

DURATION

unknown

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Injured at work?

23. SIGNATURE

John Mace Jr. MD Cambridge Md. Date signed 1-14-46

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JAN 17 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (90)

00503

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County.....Dorchester

City or town.....Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....1 day

Hospital, institution, or street address where death occurred:

Cambridge Md. Hospital

How long in hospital or institution?.....7 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County.....Dorchester

City or town.....Hurlock
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Virgil Goler

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male

Colored

unknown

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.).....unknown 1890

8.(c) If alive, give age.....years

8. AGE: Years Months Days If less than one day
About 55.....hrs.min.9. Birthplace.....unknown
(Town, county, and state)

10. Usual occupation.....Laborer

11. Industry or business.....Farm labor

12. Name.....

13. Birthplace.....Unknown

14. Maiden name.....

15. Birthplace.....Unknown

16. Informant.....Cambridge Hospital Records

Address

17. Burial Date thereof.....1-7-46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....Cemetery

Location.....Bailey Rd. Camb. Md.

18. Funeral director.....Lewis A. Henry

Address.....Cambridge Md.

19. 1/7/46 John Maxwell Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH.....January 4, 1946.....19.....at 8:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Not at all.....19.....to.....19.....
and that I last saw him.....alive on Not at all.....19.....

Immediate cause of death.....Tetanus

DURATION

?

Due to.....Infected frostbite feet.....2 weeks

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....Accident.....Date of.....

Where did injury occur?.....Foot frostbitten in field.....
(City or town) (County) (State)

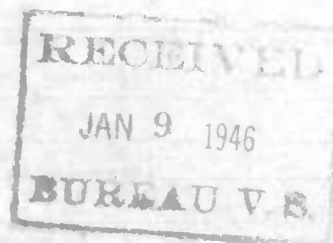
Injured at home, farm, industry, public place (where?).....

Means of injury.....Injured at work?

23. SIGNATURE.....John Maxwell Jr. M.D. or other

Address.....Cambridge, Md. Date signed.....1/7/46

Calvin Hampton
1256



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

★ Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 months, 23 days

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 7 months, 23 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)Street No. Park and South Streets
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Clinton McSorley Henry

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed6.(b) Name of husband or wife Alice Mullikin Leaverton

B.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1875

8. AGE: Years Months Days If less than one day

70713

hrs. min.

9. Birthplace Trappe District, Talbot Co., Maryland
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name John Winder Henry, Sr.13. Birthplace Talbot County, Maryland14. Maiden name Frances Wellsby15. Birthplace Talbot County, Maryland16. Informant Hospital RecordsAddress S.S.H., Cambridge, Maryland17. Burial Date thereof Jan. 7 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Spring HillLocation Easton, Md.18. Funeral director R. O. ClarkAddress Easton, Md.19. 1/7 19 46 N.H. Neer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 19 46 at 8:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 12 19 45 to January 4 19 46and that I last saw him alive on January 4 19 46

Immediate cause of death

Bronchopneumonia

DURATION

4 daysDue to Cerebral and General Arterio-sclerosis and Hypertension

Unknown

Due to

Other conditions Hemiplegia 8 yearsCellulitis of leg, Decubitus ulcers 2 weeks
(Include pregnancy within 8 months of death) 1 mos

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Grace M. Branscome, M.D. M.D. or otherE.S.S.H., Cambridge, Md. Date signed 1/11/46

REC
JAN 11 1946
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? entire life
Nospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge R 3 RD #1
(If outside city or town limits, write RURAL and give nearest town)
Street No. Rural
(If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME
Andrew L. Irving

3. (b) Social Security Number
212-16-1665

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower
6. (b) Name of husband or wife Victoria Robinson

7. Birth date of deceased (mo., day, yr.) Jan - 15 - 1871
6. (c) If alive, give age years

8. AGE: Years 75 Months 0 Days 12 If less than one day
hrs. min.

9. Birthplace Dorchester
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Jemimah Irving
13. Birthplace Ireland

14. Maiden name Sarah
15. Birthplace Dor. Co.

16. Informant Harold Robinson
Address Cambridge, Md. R 7 #1

17. Burial Date thereof 1-29-46
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Greenlawn
Location Cambridge Md.

18. Funeral director Herbert R. Thomas
Address Cambridge, Md.

19. Jan 28 19 46 John Mace Jr
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27 19 46 at 130 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19 to 19
and that I last saw him alive on 19

Immediate cause of death Myocarditis Chronic
DURATION several months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. H. Shivers - Dep. Med. Exam
M. D. or other

Address Cambridge, Md. Date signed Jan 27/46

MARGIN RESERVED FOR BINDING

VS 415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

00505

RECEIVED
JAN 30 1946
BUREAU V E

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County..... Dorchester
 City or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Timothy 19 ds.
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution?..... 1 mon., 10 ds

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Worcester
 City or town..... Girdletraw
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Peter Jarman

3. (b) Social Security Number

unknown

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White Widowed6.(b) Name of husband or wife..... Mamie Coffin

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) July 18868. AGE: Years Months Days If less than one day
59 6 hrs. min.9. Birthplace..... Newark, Worcester, Maryland
(Town, county, and state)10. Usual occupation..... Cobbler

11. Industry or business

12. Name..... William H. Jarman13. Birthplace..... Whaleyville Wicomico Cy Maryland14. Maiden name..... Ellen Nora Trader15. Birthplace..... Newark Worcester Cy. Md.16. Informant..... Hospital RecordsAddress..... Cambridge, Md.17. Burial Date thereof..... 2/3/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory..... Red Mill CemeteryLocation..... Millsboro, Del.18. Funeral director..... Anna D. BurdageAddress..... Berlin, Md.19. Jan. 31 - 1946 John Maes Jr MD
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 30 1946 at 2.35 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
December 20 1945 to January 30 1946
and that I last saw him alive on January 30 1946

Immediate cause of death.....

DURATION

Cerebral Hemorrhage 23 hr

Due to.....

Cerebral Arteriosclerosis

Due to.....

Other conditions..... Psychosis with Cerebral AArteriosclerosis unkn

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... John Maes Jr MD

M. D. or other

Address..... Date signed..... 1/30/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 2 1946
BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-0

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County ArchesterCity or town Newport New Market
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County ArchesterCity or town New 2 - st New Market
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Cenia Jews

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age _____ years

7. Birth date of
deceased (mo., day, yr.)Oct 1st 1880

8. AGE:

Years

Months

Days

If less than one day

65330

hrs.

min.

9. Birthplace

Ind

(Town, county, and state)

10. Usual occupation

House work

11. Industry or business

FATHER

12. Name

Asbury Jacobs

MOTHER

13. Birthplace

Ind

14. Maiden name

Emma Jacobs

15. Birthplace

Ind

16. Informant

Sallie Anderson

Address

Hurlock Ind

17. Burial

(Burial, cremation, or removal, which?)

Date thereof

Feb 2 1946
(month) (day) (year)

Cemetery or crematory

Cemetery

Location

Airway

18. Funeral director

Address

Hurlock

19. Feb. 2

1946

(Date rec'd by registrar)

Chas W. Hastings

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1946 at 2:30 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
December 45 1945 to January 46 1946and that I last saw her alive on January 20 1946

Immediate cause of death

Chronic Myocardial
Degeneration

DURATION

1 yr +Due to general arteriosclerosis 5 yrs +

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

William C. Harrison MD

M. D. or other

Address Hurlock Md Date signed 2/1/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED 2 13 1946

HYA 10 10 17 3 4 7 153

RECEIVED

FEB 13 1946

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1316

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County.....

City or town.....
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town.....
(If outside city or town limits, write RURAL and give nearest town)

Street No.....
(If rural, give LOCATION)

2(a) If veteran, name war.....

3. (a) FULL NAME

Emma Travis Johnson.

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Erwin Johnson

7. Birth date of deceased (mo., day, yr.)

April 8, 1907

8. AGE:

Years 38

Months

Days

If less than one day

9. Birthplace

East New Market
(Town, county, and state)
Labar

10. Usual occupation

Labar

11. Industry or business

mail

FATHER

12. Name

William Thomas

13. Birthplace

Maryland

MOTHER

14. Maiden name

Helen Jones

15. Birthplace

Maryland

16. Informant

IRENE CORDWELL

Address

CAMBRIDGE, MD.

17. (Burial, cremation, or removal. Which?)

Burial

Date thereof JAN. 6, 1946
(month) (day) (year)

Cemetery or crematory

Wash. Cemetery

Location

CAMBRIDGE MD.

18. Funeral director

LEWIS H. BAYNEUM

Address

CAMBRIDGE, MD.

19. (Date rec'd by registrar)

Jan 4 46

John M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2, 1946, at 2:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 9, 1945 to Jan. 2, 1946, and that I last saw her alive on Dec. 23, 1945.

Immediate cause of death

Uremia

DURATION

2 days

Due to

Cardio-renal vascular disease Hypertension

Due to

Other conditions

Cerebral hemorrhage

6 weeks

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address..... Date signed 1-3-46

MARGIN RESERVED FOR BINDING

VS A15 9.45.15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 7 1946
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on

Evidence for change of age of deceased is shown on

2411 N. Charles St., Baltimore 852

00509

FILE No. 100 FEB 21 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town MADISON
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all his life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County DORCHESTER

City or town MADISON
(If outside city or town limits, write RURAL and give nearest town)

Street No. R 78
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Bertel J. Apper

3.(b) Social Security Number

4. Sex Male 5. Color or race Caucasian 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Grace Apper

6.(c) If alive, give age 40 years

7. Birth date of Aug 2, 1892
deceased (mo., day, yr.)

8. AGE: Years 54 Months 4 Days 4 If less than one day

9. Birthplace Madison Maryland
(Town, county, and state)

10. Usual occupation Lumber

11. Industry or business Lumber

12. Name Edward Apper

13. Birthplace Maryland

14. Maiden name Emerline Ruster

15. Birthplace Madison

16. Informant Grace Apper

Address Madison

17. (Burial, cremation, or removal. Which?) Jan 29
Date thereof (month) (day) (year)

Cemetery or crematory Madison

Location near Madison

18. Funeral director Lewis H. Bazzon

Address Camden Md

19. Jan 25 1946 John MacFarland
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JANUARY 23 1946 at 10:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JAN 23 1946 to JAN 23 1946

and that I last saw him alive on JAN 23 1946

Immediate cause of death RT CEREBRAL HEMORRHAGE

Due to HYPERTENSION

Other conditions MYOCARDIAL FAILURE?

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. J. Ramey

Address Camden Md

Date signed 1/24/46

RECEIVED
JAN 28 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 937

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambury RFD 3
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambury R3
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Alfred Kane

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Etta Kane

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 7 7 18408. AGE: Years 106 Months 7 Days 7 If less than one day _____ hrs. _____ min.9. Birthplace Cambury Md R3
(Town, county, and state)10. Usual occupation farmer

11. Industry or business

12. Name Parish Kane13. Birthplace Dorchester Co Md14. Maiden name Charity Kane15. Birthplace Dorchester Co Md16. Informant Martin KaneAddress Slacum St Cambury Md17. Burial Date thereof Jan 10 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CinityLocation Buckwith Camb R3 Md18. Funeral director Sam BaynesAddress Cambury19. Jan 10 46 John Mac Jr M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1946 at 4:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 3 1946 to January 7 1946
and that I last saw him alive on January 5 1946

Immediate cause of death

Cerebral Hemorrhage

DURATION

4 dDue to See Supp. to main20 min

Due to _____

Other conditions Chr. Myocarditis12 mo

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE Carol M. St. Clair M.D.

M. D. or other

Address Rose Hill Rd Date signed 1-8-46

RECEIVED
JAN 14 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

00511

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr., 11 mos., 8 days

Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital

How long in hospital or institution? 1 yr., 11 mos., 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

Street No. Davis Street
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

William E. Koff

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

8.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) September 1, 1879

8. AGE: Years 66 Months 4 Days 22 If less than one day..... hrs. min.

9. Birthplace New York City, N.Y.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business.....

12. Name August Koff

13. Birthplace Germany

14. Maiden name Emilie Bauer

15. Birthplace Germany

16. Informant Hospital Records

Address E.S.S.H., Cambridge, Maryland

17. Burial Date thereof 1-25-46
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Eastern Shore State Hospital

Location Cambridge, Md.

18. Funeral director Rembert P. Showers

Address Cambridge, Md.

19. 1/25/46 John MacFarlane
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23 1946 at 10:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 15 1944 to January 23 1946
and that I last saw him alive on January 23 1946

Immediate cause of death.....

Gastro-intestinal Hemorrhage 20ml

Due to.....

Due to.....

Other conditions Psychosis-with cerebral arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations.....

Arteriosclerosis, cystic kidney- hyposplenic pneumonia

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE Grace M. Branscombe M.D. M. D. or other

Address L.S.S.H., Cambridge, Md. Date signed 1-23-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 30 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cornersville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Cornersville RFD # 3How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Cornersville
(If outside city or town limits, write RURAL and give nearest town)Street No. RFD # 3
(If rural, give LOCATION)2. (a) If veteran, name war -

3. (a) FULL NAME

Maude Lelia Layton

3. (b) Social Security Number

-

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

William E. Layton(Deceased 9/21/1922)

7. Birth date of deceased (mo., day, yr.)

Aug. 20, 1869.

8. AGE:

Years

Months

Days

If less than one day

76416hrs. min.9. Birthplace Cambridge, RFD # 3, Maryland.
(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

Home

FATHER

12. Name

John Cook

13. Birthplace

Maryland.

MOTHER

14. Maiden name

Margaret Seward

15. Birthplace

Maryland.

16. Informant

Mr. William R. Layton

Address

2914 Hanover St., Baltimore, Md

17.

Burial
(Burial, cremation, or removal. Which?)Date thereof Jan. 8, 1945.
(month) (day) (year)

Cemetery or crematory

Greenlawn Cemetery

Location

Cambridge, Maryland.

18. Funeral director

LeCompte's Funeral Service

Address

Cambridge, Maryland.

19.

1/8/46
(Date rec'd by Registrar)

19.

46John Mass...
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan. 6, 1946 at 3:45P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1/4 1945 to 1/6 1946
and that I last saw her ER alive on 1/4 1946

Immediate cause of death

MYOCARDIAL FAILURE

DURATION

2 days

Due to

ARTERIOSCLEROSIS

Due to

Other conditions

DIABETES
MEHLIUS

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. -

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

No

Accident, suicide, or homicide

Date of -

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work? -

23. SIGNATURE

Cambr. J. H. H.
Address

My D. or other

Date signed 1/7/46

RECEIVED

JAN 10 1946

BUREAU V S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (117-9)

CERTIFICATE OF DEATH

00513

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 27 yearsHospital, institution, or street address where death occurred:
220 High St.How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 220 High St.
(If rural, give LOCATION)2.(a) If veteran, name war -

3. (a) FULL NAME

G. Herman Manning

3. (b) Social Security Number

-

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
-----------------------	----------------------------------	--

6. (b) Name of husband or wife Nellie C. McCallister6. (c) If alive, give age 56 years7. Birth date of deceased (mo., day, yr.) Feb. 28, 1886.

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>10</u>	<u>29</u> hrs. min.

9. Birthplace Dorchester, Dor. Co., Md.
(Town, county, and state)10. Usual occupation Farmer-Laborer11. Industry or business Cambridge Mfg. Co.12. Name George Manning13. Birthplace Maryland.14. Maiden name Dora Mills15. Birthplace Maryland.16. Informant Mrs. Willie M. CallisterAddress Cambridge, Maryland.17. Burial Date thereof Jan. 29, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Greenlawn CemeteryLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. Jan. 29, 1946 John McCallister
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27, 1946 12:45 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 27 1946 to Jan 27 1946and that I last saw him alive on Jan 27 1946Immediate cause of death Myocardial Infarction

DURATION

Due to Arteriosclerosis some years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Guy Steele M. D. or otherAddress Cambridge Md. Date signed 1/29-1946

RECEIVED
FEB 1 1946
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 53

CERTIFICATE OF DEATH

Reg. Diat. No. 00514
170

1. PLACE OF DEATH:

County Dorchester
City or town Rhodesdale Md RD
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County DorchesterCity or town _____
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

George E. Marine

3. (b) Social Security Number

4. Sex

m

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

Aug 31 1884

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

61417

hrs.

min.

9. Birthplace

Dorchester Md
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER
MOTHER

12. Name

George E. Marine

13. Birthplace

Md

14. Maiden name

Margaret A. Fisher

15. Birthplace

Md

16. Informant

Address

17.

(Burial, cremation, or removal, which?)

Date thereof

Jan 19-1946
(month) (day) (year)

Cemetery or crematory

Galestown

Location

Gravener Bros

16. Funeral director

Address

Shapton

19.

Jan 19-1946
(Date rec'd by registrar)

19.46

J. L. Hastings

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1946 at 20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1945 to Jan 17 1946and that I last saw him alive on Jan 16 1946

Immediate cause of death

Pericarditis of heart

DURATION

18 months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

J. L. Hastings
Address Shapton, Md Date signed 1/18/46

M. D. author

RECEIVED

FEB 13 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 88-2

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County.....Dorchester

City or town.....Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution?

13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County.....Kent

City or town.....Rock Hall

(If outside city or town limits, write RURAL and give nearest town)

Street No.....2711 Hemlock Avenue

(If rural, give LOCATION) Balto. Md.

2.(a) If veteran, name war

3. (a) FULL NAME

Frank McCloskey

3. (b) Social Security Number

unknown

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Mrs. Lula McCloskey

7. Birth date of

deceased (mo., day, yr.)

1872

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

73

hrs.

min.

9. Birthplace

Rock Hall, Md.

(Town, county, and state)

10. Usual occupation

Traffic Officer (ret)

11. Industry or business

Balto., Police Dept.

FATHER

12. Name

James McCloskey

13. Birthplace

Ireland

MOTHER

14. Maiden name

Margaret Ownes

15. Birthplace

Ireland

16. Informant

Hospital Records

Address

Cambridge, Md.

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof. 1/15/46

(month) (day) (year)

Cemetery or crematory

Cathedral Cem.

Location

Balto., Md.

18. Funeral director

Address

19.

1/14

19

46

A.W. Hedrick

D.M.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 12, 1946, at 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 31, 1945, to January 12, 1946

and that I last saw him alive on January 12, 1946

Immediate cause of death..... Bronchopneumonia

DURATION

5 days

Due to..... Arteriosclerosis

unknown

Hypertension

7 "

Due to..... Cerebral Hemorrhage

4 Mo.

with pharyngeal paralysis

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Grace E. Branscombe

M. D. or other

Address

Cambridge, Md.

Date signed

1.12.46

2 711 HELYLOCK HW

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00516

Reg. Dist. No. 116

1. PLACE OF DEATH:

County BaltimoreCity or town Army Md
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 23 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mary Molock

3. (b) Social Security Number

4. Sex female 5. Color or race caucasian 6.(a) Single, married, widowed, or divorced marriedB.(b) Name of husband or wife John Molock7. Birth date of deceased (mo., day, yr.) December 9 1913 6.(c) If alive, give age 32 years8. AGE: Years 32 Months 1 Days 5 If less than one dayhrs.min.9. Birthplace Baltimore C Md
(Town, county, and state)10. Usual occupation Homemaker

11. Industry or business

12. Name Adolphus Hight13. Birthplace Baltimore C Md14. Maiden name Sarah Stanley15. Birthplace Baltimore C Md16. Informant John MolockAddress Army Md17. (Burial, cremation, or removal. Which?) Burial Date thereof Jan 17 1946
(month) (day) (year)Cemetery or crematory CemeteryLocation Army Md18. Funeral director John BaynesAddress Cumtucky Md19. Jan. 17- 19 46 John Macfarlane M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH January 17 1946 at 2:00 p.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 8 1945 to Jan 14 1946and that I last saw him alive on Jan 16 1946Immediate cause of death Cerebral Hemorrhage

DURATION

1 1/2 hrs.Due to San Agustin 6 hrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carroll M. H. Chan M. D. or otherAddress Prine Hilda St Date signed 1-17-46

RECEIVED

JAN 19 1945

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on

Evidence for change of age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

FILM No. 100 FEB 12 1946

 00517
Reg. Dist. No. 116

1. PLACE OF DEATH:

 County Dorchester

 City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

 How long in above place of death? One Day

Hospital, institution, or street address where death occurred:

Cambridge Maryland Hospital

 How long in hospital or institution? One Day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

 State Maryland County Dorchester

 City or town Rural-Taylors Island
(If outside city or town limits, write RURAL and give nearest town)

 Street No. Taylors Island
(If rural, give LOCATION)

 2.(a) If veteran, name war -

3. (a) FULL NAME

Anita Stapleforte Neild

3. (b) Social Security Number

-

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female
White
Widowed

 8. (b) Name of husband or wife John R. Neild

(Deceased 1/30/44) 8. (c) If alive, give age _____ years

 7. Birth date of deceased (mo., day, yr.) March 27, 1883

 8. AGE: Years Months Days If less than one day
62 63- 10 1 _____ hrs. _____ min.

 9. Birthplace Lakesville, Dor. Co., Md.
(Town, county, and state)

 10. Usual occupation Domestic

 11. Industry or business Home

 12. Name William T. Stapleforte

 13. Birthplace Maryland

 14. Maiden name Laura B. Jones

 15. Birthplace Maryland.

 16. Informant Mr. Stapleforte Neild

 Address Taylors Island, Maryland

 17. Burial Date thereof Jan. 31, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

 Cemetery or crematory Dorchester Memorial Park

 Location Cambridge, Maryland.

 18. Funeral director Le Compte's Funeral Service

 Address Cambridge, Maryland.

 19. 1/31 46 John Neild
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

 20. DATE OF DEATH January 28, 1946 10:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 28 1946 to Jan 28 1946

 and that I last saw her alive on Jan 28 1946

Immediate cause of death

Asilosis, Diabetic
and acute Cardiac Failure

 Due to Diabetic Mellitus

Due to

 Other conditions Bronchopneumonia

(Include pregnancy within 3 months of death)

 Major findings of operations None

Date of op.

 Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

 23. SIGNATURE Eldridge H. Neill M.D.

 Address Cambridge, Md. Date signed 1-30-46

DURATION

30 hours
19 years?
24 hours

RECEIVED

FEB 2 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10620

CERTIFICATE OF DEATH

00518

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Aireys - Cambridge R.F.D.#2
 (If outside city or town limits, write RURAL and give nearest town)
1 month
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Cambridge R.F.D.#2
 How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Aireys
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Cambridge R.F.D.#2
 (If rural, give LOCATION)
 2(a) If veteran, name war.....

3. (a) FULL NAME

Infant Boy Perry

3. (b) Social Security Number

4. Sex male 5. Color or race colored 6. (a) Single, married, widowed, or divorced single
 6. (b) Name of husband or wife X
 6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) December 5, 1945
 8. AGE: Years X Months 1 Days 6 If less than one day X hrs. X min.
 9. Birthplace Aireys, Md.
 (Town, county, and state)
 10. Usual occupation none
 11. Industry or business none
 12. Name Sherwood Perry
 13. Birthplace Md.
 14. Maiden name Juanita Perry
 15. Birthplace Md.

FATHER
MOTHER

16. Informant Olivia Perry (grandmother)
 Address Cambridge, Md. R.F.D.#2
 17. Slant City Date thereof Jan 15-
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Slant City
 Location Cambridge
 18. Funeral director Louis H. Farmer
 Address Cambridge Md
 19. 1/13/46 19 46
 (Date rec'd by registrar) Registrar John M. J. Jr.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 19 46 at 3-30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

X 19 X to X 19 X
 and that I last saw h X alive on X 19 X

Immediate cause of death

Acute Bronchitis

DURATION

1 dayDue to XDue to XOther conditions X

(Include pregnancy within 3 months of death)

Major findings of operations XDate of op. XAutopsy results X

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

John H. Farmer, Dep. Med. Exam.
 M. D. or other
 Address Cambridge, Md. Date signed Jan 11/46

UNITED STATES DEPARTMENT OF JUSTICE

81000

STANDARD FORM NO. 64

RECEIVED
JAN 16 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

CERTIFICATE OF DEATH

Reg. Dist. No. 00519 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 months, 15 days

Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital

How long in hospital or institution? 2 months, 15 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

Street No. 295 Baker Street
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Cora Phippin

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife Samuel Phippin

B. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) November 24, 1885

8. AGE: Years Months Days If less than one day
60 1 15hrs.min.

9. Birthplace Delmar, Delaware
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

12. Name George Holtz

13. Birthplace U.S.

14. Maiden name Mary Phippin

15. Birthplace Maryland

16. Informant Hospital Records

Address E.S.S.H., Cambridge, Maryland

17. Burial Date thereof Jan 11, 1946
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematorium Delmar, Md. M.P.

Location Delmar, Delaware

18. Funeral director Bellamy & Co. Funeral Home

Address 320 F. Church St. Salisbury, Md.

19. 1/8/46 John Macd Jr. M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 1946, at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 24 1945, to January 8 1946, and that I last saw her alive on January 8 1946.

Immediate cause of death Cerebral Hemorrhage DURATION 36 hrs.

Due to Cerebral Arteriosclerosis and Hypertension At least 5 years

Due to

Other conditions Hemiplegia and Psychosis with Cerebral Arteriosclerosis Unknown
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Grace M. Branzcombe M.D. M. D. or other
E.S.S.H., Cambridge, Md. Date signed 1-8-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 10 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

CERTIFICATE OF DEATH

Reg. Dist. No. 112.

00520

1. PLACE OF DEATH:

County Dorchester
 City or town Vienna, R.D.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Cambridge Road
 How long in hospital or institution? Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland. County Dorchester
 City or town Vionna, Maryland.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Cambridge Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Alexander Pinkett

3. (b) Social Security Number

None

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Sarah Pinkett
 6. (c) If alive, give age 69 years
 7. Birth date of deceased (mo., day, yr.) January 28, 1870
 8. AGE: Years 75 Months 11 Days 7 If less than one day
hrs.min.

9. Birthplace Dorchester County, Maryland
 (Town, county, and state)
 10. Usual occupation Day laborer
 11. Industry or business Farm

FATHER
 12. Name No data available
 13. Birthplace
 MOTHER
 14. Maiden name Dorothy Boyce
 15. Birthplace Dorchester County, Maryland

16. Informant Sarah Pinkett
 Address Vienna, Maryland
 17. Burial Date thereof January 9, 1946
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Vienna Cemetery
 Location Vienna, Maryland

18. Funeral director J. J. Fraxton and Son
 Address Federalburg, Maryland

19. Jan 8 19 46 Elizabeth D. Legg
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

1230

20. DATE OF DEATH January 5" 1946. 19..... at P.M. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
January 1" 1943 19..... to Jan. 3" 1946
 and that I last saw him alive on January 3" 1946. 19.....
 Immediate cause of death Chronic Nephritis.

DURATION
 Due to Age, cold exposure.
 Due to.....
 Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations None.
 Date of op.....
 Autopsy results None.
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide No. Date of.....
 Where did injury occur? No.
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE Edward E. Lamkin
Edward E. Lamkin, M.D. Vienna, Md.
 Address JAN 5 1946 Date signed

RECEIVED

JAN 10 1945

BUREAU V E

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

CERTIFICATE OF DEATH

00521

Reg. Dist. No. 119

1. PLACE OF DEATH:

County Dorchester
City or town Rural-Wingate
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
Home-Wingate
How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Rural-Wingate
(If outside city or town limits, write RURAL and give nearest town)
Street No. Wingate
(If rural, give LOCATION)
2. (a) If veteran, name war -

3. (a) FULL NAME

James E. Pritchett

3. (b) Social Security Number

-

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Victoria Todd
6. (c) If alive, give age 74 years
7. Birth date of deceased (mo., day, yr.) May 6, 1868.
8. AGE: Years 77 Months 8 Days 7 If less than one day - hrs. - min.

9. Birthplace Wingate, Dor. Co., Maryland.
(Town, county, and state)
10. Usual occupation Waterman
11. Industry or business Seafood

FATHER 12. Name Edward Pritchett
13. Birthplace Maryland
MOTHER 14. Maiden name Not Known
15. Birthplace II II

16. Informant Sangston S. Pritchett
Address Wingate, Maryland.

17. Burial Burial Date thereof Jan. 13, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Pritchett Family Cemetery
Location Wingat, Maryland.

18. Funeral director LeCompte's Funeral Service
Address Cambridge, Maryland.

19. Jan 13 1946 Wilson & Pritchett
(Date rec'd by registrar) Registrar Local

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12, 1946 at 5:4 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 9, 1946 to Jan 11, 1946
and that I last saw him alive on Jan. 11, 1946
Immediate cause of death Lobar pneumonia
DURATION 4 days
Due to -
Due to -
Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations -
Date of op. -
Autopsy results -
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide - Date of -
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) -
Means of injury - Injured at work? -

23. SIGNATURE P. H. Towner M. D. or other
Address Baltimore, Md Date signed 1/13/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED

FEB 3 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (37-2)

CERTIFICATE OF DEATH

00522

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Two Days
 Hospital, institution, or street address where death occurred:
Cambridge Maryland Hospital
 How long in hospital or institution? Two Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn Infants give residence of mother)

State Maryland County Dorchester
 City or town Rural-Vienna
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. RFD Vienna
 (If rural, give LOCATION)
 2. (a) If veteran, name war -

3. (a) FULL NAME

George W. Richardson

3. (b) Social Security Number

-

4. Sex Male	5. Color or race White	6. (a) Single, married, widowed, or divorced Married	
6. (b) Name of husband or wife <u>Nettie Hughes Richardson</u>			
6. (c) If alive, give age <u>69</u> years			
7. Birth date of deceased (mo., day, yr.) <u>June 4, 1877</u>			
8. AGE: Years 68	Months 7	Days 12	If less than one day hrs. min.
9. Birthplace <u>RFD Vienna, Dor. Co., Md.</u> (Town, county, and state)			
10. Usual occupation <u>Farmer</u>			
11. Industry or business <u>Dirt</u>			
12. Name <u>John W. Richardson</u>			
13. Birthplace <u>Maryland.</u>			
14. Maiden name <u>Georgeanna Fisher</u>			
15. Birthplace <u>Maryland.</u>			
16. Informant <u>Mr. George E. Richardson</u> Address <u>Vienna, Maryland.</u>			
17. Burial <u>Richardson Family Cemetery</u> (Burial, cremation, or removal. Which?) Date thereof <u>Jan. 18, 1946</u> (month) (day) (year) Cemetery or crematory <u>Vienna, Maryland.</u> Location <u>LeCompte's Funeral Service</u>			
18. Funeral director <u>Cambridge, Maryland.</u> Address			
19. <u>Jan. 19 - 46</u> <u>John Mace Jr M.D.</u> (Date rec'd by registrar) Registrar			

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16, 1946 at 11:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15 1944 to Jan 16 1946 and that I last saw him alive on Jan 16 1946

Immediate cause of death Hemiplegia Right

Due to arteriosclerotic Cardiovascular Renal Disease

Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations - none

Autopsy results - none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Eldridge Hedefford
Cambridge Md. M.D. or other
 Date signed Jan 18 1946

RECEIVED

JAN 23 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

107

00523

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 days

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town Snow Hill
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

John D. Richardson

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Divorced ?

6.(b) Name of husband or wife Elizabeth Nicholson7. Birth date of deceased (mo., day, yr.) January 4, 1877

6.(c) If alive, give age _____ years

8. AGE: Years 69 Months _____ Days 7 It less than one day _____ hrs. _____ min.9. Birthplace Snow Hill, Worcester County, Md.
(Town, county, and state)10. Usual occupation Salesman

11. Industry or business

12. Name Oliver T. Richardson13. Birthplace Snow Hill, Maryland14. Maiden name Mary Ferguson Bowen15. Birthplace Snow Hill, Maryland16. Informant Hospital RecordsAddress E.S.S. Hosp. Cambridge, Maryland17. Burial Date thereof Jan. 14/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory WhatcoatLocation Snow Hill, Md18. Funeral director Heame & DummisAddress Snow Hill, Md19. 1/15 19 46 John Mace Jr Md
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11, 1946 at 11:25 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 5, 1946 to January 11, 1946and that I last saw him alive on January 11, 1946Immediate cause of death Bronchopneumonia

DURATION

3 ds.Due to Cerebral Thromboarteriosclerosisunknown

Due to _____

Other conditions Psychosis with Cerebral Arteriosclerosis
(Include pregnancy within 3 months of death)7 yrs.

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Gray M. Dummis M. D. or otherAddress Cambridge Md Date signed Jan 13/46

RECEIVED
JAN 17 1946
BUREAU T S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

Reg. Diat. No. 116

00524

1. PLACE OF DEATH:

County... DorchesterCity or town... Christ Rock
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... DorchesterCity or town... Christ Rock 1 Md
(If outside city or town limits, write RURAL and give nearest town)Street No. Christ Rock
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Ellen Augustus Saunders

3. (b) Social Security Number

4. Sex.....

5. Color or race.....

6.(a) Single, married, widowed, or divorced.....

4. Sex female 5. Color or race colored 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) August 27 18748. AGE: Years Months Days If less than one day
71 7 6hrs.min.9. Birthplace... Dorchester Co. Md
(Town, county, and state)10. Usual occupation... General Amusements

11. Industry or business

12. Name... John Moore13. Birthplace... Maryland14. Maiden name... Schmitt (P)15. Birthplace... Maryland16. Informant... Renee C. FisherAddress... 516 N Noddy St Phil Pa17. Rock Date thereof... Jan 8
(Burial, cremation, or removal. Which) (month) (day) (year)Cemetery or crematory... RockLocation... Myer Cambridge18. Funeral director... Lewis H. B. B. B.Address... Cambridge19. Jan 5 - 46 John Moore MD
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... January 3 1946 at Christ Rock M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 27 1945, to Jan 3 1946and that I last saw him alive on January 2 1946Immediate cause of death... Cerebral HemorrhageDue to... Sen HypertensionOther conditions... Myocardial ChroChronic Tachycardia

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE... Carver M. Sten M.D. or otherAddress... Pin Red St Date signed... 1.3.46

RECEIVED
JAN 8 1946
BUREAU V R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

0052515

Reg. Dist. No. 115

1. PLACE OF DEATH:

County Dorchester

City or town Rural-Fishing Creek
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 47 Years

Hospital, institution, or street address where death occurred:

Home-Fishing Creek

How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Rural-Fishing Creek
(If outside city or town limits, write RURAL and give nearest town)

Street No. Fishing Creek
(If rural, give LOCATION)

2.(a) If veteran, name war -

3. (a) FULL NAME

John H. Shockley

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

8.(b) Name of husband or wife Letitia Travers
(Deceased 2/20/1937)

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1874 6.(c) If alive, give age - years

8. AGE: Years 71 Months - Days 18 If less than one day - hrs. - min.

9. Birthplace Nanticoke, Wicomico, Maryland.
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Seafood

12. Name Samuel Shockley

13. Birthplace Maryland

14. Maiden name Catherine Shockley

15. Birthplace Maryland.

16. Informant Everett Shockley

Address Fishing Creek, Maryland.

17. Burial Date thereof Jan. 13, 1946.
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hoosier Memorial Churchyard

Location Fishing Creek, Maryland.

19. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. Jan. 12 1946 James W. Meade Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1946, at 2:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 10 1946 to Jan. 12 1946
and that I last saw him alive on Jan. 11 1946

Immediate cause of death

Diabetes Mellitus

DURATION

5 yrs

Due to

Due to

Other conditions hr

(Include pregnancy within 3 months of death)

Major findings of operations ns

Date of op. -

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? - (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -

Means of injury -

Injured at work? -

25. SIGNATURE

James W. Meade M.D. M. D. or other
Address Fishing Creek, Md. Date signed Jan. 12/46

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Meade

RECEIVED
JAN 17 1946
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00526

Reg. Dist. No. 113

1. PLACE OF DEATH:

County Dorchester
 City or town Taylor's Island
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all of life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Taylor's Island
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

William Smith
 4. Sex Male 5. Color or race Caucasian 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Cathy Smith

7. Birth date of deceased (mo., day, yr.) 1976 6. (c) If alive, give age 64 years
Taylor's Island

8. AGE: Years 70 Months 7 Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace Taylor's Island
 (Town, county, and state)

10. Usual occupation Lab. att.

11. Industry or business none

12. Name William H. Smith

13. Birthplace Taylor's Island

14. Maiden name Justine Smith

15. Birthplace Maryland

16. Informant Cathy Smith

Address Taylor's Island

Taylor's Island

17. (Burial, cremation, or removal of body) Date thereof (month) (day) (year) Jan 24 1946

Cemetery or crematory Cemetery

Location Taylor's Island ind

18. Funeral director Lewis H. Rayner

Address Cambridge, Md

19. Date rec'd by registrar Jan 24 1946 Anita S. Mead Registrar

local

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21, 1946, at 9-30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____, 19____, to _____, 19____,

and that I last saw him _____ alive on _____, 19____.

Immediate cause of death _____

Due to _____

Due to Cerebral Haemorrhage 1 day

Due to Hypertension 6 mo.

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Geo. H. Shriver, Dep. Med. Exam. M. D. or other

Address Cambridge - Md Date signed Jan 22/46

RECEIVED
JAN 26 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 00527 16

1. PLACE OF DEATH: Dorchester
 County Cambridge Md
 City or town 10 days
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 453 1st St
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME
Mabel S. Stafford

3. (b) Social Security Number

4. Sex female 5. Color or race Col 6. (a) Single, married, widowed, or divorced widow

6. (b) Name of husband or wife Mary Stafford

7. Birth date of deceased (mo., day, yr.) November 12 1876 8. (c) If alive, give age Dead years

8. AGE: Years 69 Months 1 Days 26 It less than one day hrs. min.

9. Birthplace Sabersville Md
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Joseph Stafford

13. Birthplace Sabersville Md

14. Maiden name Don't know

15. Birthplace

16. Informant Atto Sup

Address Crunch Creek Md

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 1-13-46
 (month) (day) (year)

Cemetery or crematory Cemetery

Location Reeds Grove Md

18. Funeral director Leuris B. Bayne

Address Cambridge Md

19. Date rec'd by registrar Jan 10 - 46 Registrar John Macys Md

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9 1946, at 8:15 am M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 21 1945 to January 9 1946
 and that I last saw him alive on January 7 1946

Immediate cause of death Ch. Myocarditis
 Due to Ch. Myocarditis
 Due to rust into both feet
 Other conditions hypertension

DURATION

7 hrs
10 ..
4 mos

10 hrs
13 mos

(Include pregnancy within 3 months of death)

Major findings of operation None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide None Date of None
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Carroll M St Clair MD
 M. D. or other MD
 Address Cambridge Md Date signed 1-9-46

RECEIVED
JAN 14 1945
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 937d

CERTIFICATE OF DEATH

Reg. Diat. No. 116

1. PLACE OF DEATH: County <u>Baltimore</u> City or town <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>20 1/2</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Baltimore</u> City or town <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>411 High St</u> (If rural, give LOCATION) 2(a) If veteran, name war			
3. (a) FULL NAME <u>Charles Stanley</u>				3. (b) Social Security Number			
4. Sex <u>male</u>		5. Color or race <u>col</u>		6. (a) Single, married, widowed, or divorced <u>married</u>			
6. (b) Name of husband or wife <u>Bertrude Stanley</u>				6. (c) If alive, give age <u>45</u> years			
7. Birth date of deceased (mo., day, yr.) <u>June 20 1876</u>							
8. AGE: Years <u>69</u>		Months <u>7</u>	Days <u>9</u>	If less than one day hrs. min.			
9. Birthplace <u>Baltimore Co Md</u> (Town, county, and state)							
10. Usual occupation <u>board maker</u>							
11. Industry or business							
MOTHER FATHER							
12. Name <u>Charles H. Henson</u>							
13. Birthplace <u>Blair Co Md.</u>							
14. Maiden name <u>Rhoda Stanley</u>							
15. Birthplace <u>Blair Co Md.</u>							
16. Informant <u>Bertrude Stanley</u> Address <u>411 High St Cambridge Md</u>							
17. <u>Burial</u> Date thereof <u>Feb 3 1946</u> (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory <u>Waucho Cemetery</u> Location <u>Cambridge Md</u>							
18. Funeral director <u>John H. Blair & Son</u> Address <u>Cambridge, Md.</u>							
19. <u>Jan. 31 - 1946</u> John H. Blair & Son (Date rec'd by registrar) Registrar							
MEDICAL CERTIFICATION							
20. DATE OF DEATH <u>January 29 1946</u> at <u>1:00 a.m.</u>							
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>December 22 1941</u> to <u>Jan 29 1946</u> and that I last saw him alive on <u>Jan 28 1946</u>							
Immediate cause of death <u>Pulmonary Edema</u> <u>General debility</u> Due to <u>Ch. Myocarditis</u>							
DURATION <u>10 days</u> <u>4 mo</u> <u>19 mo</u>							
Due to							
Due to							
Other conditions <u>Sen. Hypertension</u>							
(Include pregnancy within 3 months of death)							
Major findings of operations							
Date of op.							
Autopsy results							
PHYSICIAN: Please underline the cause to which death should be charged statistically.							
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?							
23. SIGNATURE <u>Carol M. Spear</u> M. D. or other Address <u>Om. Rd. 86</u> Date signed <u>1-30-46</u>							

RECEIVED
FEB 2 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

00529

Reg. Dist. No. 176

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 yrs. 1 mo. 8 dys.

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 2 yrs. 1 mo. 8 dys.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Hurlock
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Martin Stifner (Stifter)

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Widowed

6. (b) Name of husband or wife Annie Delaney7. Birth date of deceased (mo., day, yr.) Unknown 1858 6. (c) If alive, give age _____ years8. AGE: Years Months Days If less than one day
87 ? _____ hrs. _____ min.9. Birthplace Hungary
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

12. Name Martin Stifner13. Birthplace Unknown14. Maiden name Frances15. Birthplace Unknown18. Informant Hospital RecordsAddress E.S.S. Hospital, Cambridge, Maryland17. _____ Date thereof Jan 10, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CemeteryLocation Secretary18. Funeral director F.B. H. H. H. H.Address Hurlock19. 1/9 46 John M. M. M.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8, 1946 at 8:45 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
December 1, 1943, to January 8, 1946and that I last saw him alive on January 8th, 1946Immediate cause of death Bronchopneumonia DURATION 24 hrs.Due to Senility, Arteriosclerosis Unknown

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Grace M. Branscombe M. D. M. D. or otherE.S.S. H. Cambridge, Md. Address _____ Date signed 1/8/46

RECEIVED

JAN 11 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 126

CERTIFICATE OF DEATH

Reg. Dist. No. 00538

1. PLACE OF DEATH:

County Dorchester
 City or town Near Eldorado, Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 - years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Near Eldorado, Md
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

Percy Taylor.

3. (b) Social Security Number

None

4. Sex

Male.

5. Color or race

Colored.

6. (a) Single, married, widowed, or divorced

Single.

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

About 1887 -

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

about 58--hrs.min.

9. Birthplace

Rocky Mount N. Carolina
(Town, county and state)

10. Usual occupation

Farm Laborer

11. Industry or business

FATHER

12. Name

No data

13. Birthplace

" "

MOTHER

14. Maiden name

No data

15. Birthplace

" "

16. Informant

Jerry Smith

Address

Rhodesdale, Md. R.F.D

17.

Burial
(Burial, cremation, or removal. Which?)Date thereof Jan 23 1946
(month) (day) (year)

Cemetery or crematory

Federal Hill Cemetery

Location

Federalburg, Md

18. Funeral director

S. J. Frampton & Son

Address

Federalburg, Md

19.

Jan 23
(Date rec'd by registrar)19 46Chas. V. ...

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21st 19 46 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19
 and that I last saw him alive on 19

Immediate cause of death

DURATION

Bronchitis - Acute 3 days
Tuberculosis (Pulmonary) 6 months

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Dr. H. ...
Cambridge, Md. Date signed Jan 23/46

RECEIVED
JAN 30 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for notation in red is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 88-2

00531

FILM No. I O 4 MAY 28 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 34 Years
Hospital, institution, or street address where death occurred:
119 Choptank Ave.
How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 119 Choptank Ave.
(If rural, give LOCATION)
2. (a) If veteran, name war -

3. (a) FULL NAME

Elnora Hubbard Wheatley

3. (b) Social Security Number

-

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
6. (b) Name of husband or wife <u>Zachriah Wheatley</u>		
6. (c) If alive, give age <u>73</u> years		
7. Birth date of deceased (mo., day, yr.) <u>Correct birth date unknown</u>		
8. AGE: Years <u>75</u>	Months <u>-</u>	Days <u>-</u> If less than one day <u>-</u> hrs. <u>-</u> min.

9. Birthplace Taylors Island, Maryland.
(Town, county, and state)
10. Usual occupation Domestic
11. Industry or business Home
12. Name John Hubbard
13. Birthplace Maryland
14. Maiden name Not Known
15. Birthplace II II

16. Informant Mr. Zachriah Wheatley
Address 119 Choptank Ave., Cambridge, Md.
17. Burial Jan. 4, 1946.
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Greenlawn Cemetery
Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service
Address Cambridge, Maryland.

19. Date rec'd by registrar Jan 3 - 46 John M. [Signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1, 1946 7:15P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

July 10, 1945 to Jan 1, 1946
and that I last saw her alive on Jan 1, 1946

Immediate cause of death

CEREBRAL HEMORRHAGE DURATION 7 Hours

Due to ARTERIOSCLEROSIS

Due to SENILITY

Other conditions Residual Hemiplegia
Total Blindness
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following

Accident, suicide, or homicide NO Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury [Signature] Injured at work?

23. SIGNATURE [Signature] M. D. or other

Address Cambridge, Md. Date signed 1/2/46

RECEIVED

JAN 7 1946

BUREAU V.B.